Supplementary Material

Supplementary Table 1 STROBE Statement—Checklist of items that should be included in reports of *cohort studies*

	Item No	Recommendation	Page No
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	3-4
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	5
Objectives	3	State specific objectives, including any prespecified hypotheses	5-6
Methods			
Study design	4	Present key elements of study design early in the paper	6
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	6-7
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	6, Figure 1
		(*b*) For matched studies, give matching criteria and number of exposed and unexposed	n/a
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	6-7
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	6-7
Bias	9	Describe any efforts to address potential sources of bias	7
Study size	10	Explain how the study size was arrived at	6, Figure 1
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	6-7
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	7

		(*b*) Describe any methods used to examine subgroups and interactions	8
		(*c*) Explain how missing data were addressed	6
		(*d*) If applicable, explain how loss to follow-up was addressed	n/a
		(*e*) Describe any sensitivity analyses	8
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Figure 1
		(b) Give reasons for non-participation at each stage	Figure 1
		(c) Consider use of a flow diagram	Figure 1
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	8-9, Table 1, Suppl Table 2
		(b) Indicate number of participants with missing data for each variable of interest	Table 1 footnote
		(c) Summarise follow-up time (eg, average and total amount)	9
Outcome data	15*	Report numbers of outcome events or summary measures over time	9
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	Table 2
		(*b*) Report category boundaries when continuous variables were categorized	Table 1 and 2
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	n/a
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	Figure 2
Discussion			
Key results	18	Summarise key results with reference to study objectives	10-11
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	14-15

Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	11-14
Generalisability	21	Discuss the generalisability (external validity) of the study results	14-15
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	16

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.

Supplementary Table 2. Baseline characteristics of men vs. women in those who were and were not pre-emptively referred

	Pre-emptively referred		Not pre-emptively referred	
	Men	**Women**	**Men**	**Women**
N (%)	2,883 (56.6)	2,209 (43.4)	22,082 (55.3)	17,841 (44.7)
Age in years, median (IQR)	57.0 (46.0-65.0)	56.0 (45.0-64.0)	61.0 (51.0-70.0)	63.0 (53.0-71.0)
Age (%)				
18-44	22.0	23.9	14.4	12.9
45-64	50.8	52.5	45.0	42.3
65-80	27.2	23.6	40.7	44.9
Race/Ethnicity (%)				
Non-Hispanic White	47.1	37.8	44.5	39.0
Non-Hispanic Black	46.8	57.8	50.7	56.9
Hispanic	3.1	2.3	3.0	2.3
Other	3.0	2.1	1.8	1.7
Insurance (%)				
Private	42.3	36.9	19.6	16.4
Medicare	13.7	22.6	19.1	31.6
Medicaid	32.2	29.4	41.2	39.1
Other	8.7	8.31	8.8	4.5
No coverage	3.0	2.8	11.3	8.3
Obesity (BMI, kg/m2, median (IQR))	29.3 (25.3-33.8)	29.9 (24.9-35.5)	28.4 (24.2-33.7)	30.2 (25.0-37.0)
Obesity (BMI, kg/m2, %)				
Underweight (<18.5)	22.0	24.0	26.8	22.2
Normal (18.5-24.9)	1.2	2.1	3.0	3.4
Overweight (25-29.9)	32.2	24.3	28.8	23.3
Obese class I (30-34.9)	24.6	22.9	20.6	20.2
Obese class II (35-39.9)	13.1	15.9	10.8	13.7
Obese class III (≥40)	6.9	10.9	9.9	17.3
Primary cause of ESKD (%)				
Diabetes	43.8	42.9	43.4	47.5
Hypertension	31.5	29.2	37.4	34.1
Glomerulonephritis	11.4	15.4	6.0	7.4
Other	13.3	12.5	13.1	11.0
Pre-ESKD nephrology care (%)	93.4	94.4	70.1	73.4
Informed of transplant as a treatment option (%)	96.1	96.2	87.7	87.2
Reason not informed of transplant (%)				
Medically unfit	0.3	0.4	3.4	3.6
Patient declined	0.1	0.0	0.2	0.3
Patient not assessed	3.3	2.9	7.2	7.3
Other	0.3	0.5	2.1	2.4
Comorbidities (%)				
Current smoker	5.5	4.7	10.8	7.3
Congestive heart failure	13.7	12.9	27.1	29.0
Atherosclerotic disease	7.1	4.8	11.0	9.2
Other cardiac disease	11.9	9.3	19.1	16.8
Diabetes	56.3	53.4	57.2	62.0
Cerebrovascular disease	5.1	4.7	9.1	9.9
Peripheral vascular disease	6.7	4.3	9.8	8.0
Cancer	4.3	2.9	6.7	6.0

Note: 30 (<0.1%) of patients missing primary cause of ESKD; 5,239 (11.6%) missing pre-ESKD nephrology care, 16 (<0.1%) missing information on comorbidities. Abbreviations: BMI= body mass index, ESKD= End Stage Kidney Disease, IQR = Interquartile Range

Supplementary Table 3 Multivariable[1] association between gender and 12-month referral in the Southeastern US stratified by age and race

	Men (N (%[2]))	Women (N (%[2]))	Odds Ratio (95%CI)
White population			
18-44 years	1,121 (60.8)	724 (39.2)	0.95 (0.76-1.19)
45-64 years	4,491 (59.2)	3,095 (40.8)	0.85 (0.77-0.95)
65-80 years	5,565 (58.3)	3,974 (41.7)	0.64 (0.57-0.72)
Black population			
18-44 years	2,430 (55.8)	1,921 (44.2)	0.99 (0.85-1.14)
45-64 years	6,321 (54.7)	5,238 (45.3)	0.98 (0.90-1.07)
65-80 years	3,800 (47.1)	4,274 (52.9)	0.82 (0.73-0.92)

[1]Models adjusted for insurance status, obesity, primary cause of ESKD, pre-ESKD nephrology care, comorbidities, and transplant education. [2]% compares the proportion of men vs. women in each age and race strata